## Mississippi Secretary of State

ADMINISTRATIVE PROCEDURE		et P. O. Box 136, Jackson, MS 393	205-0136		
	3 NOTICE FIL			T	
AGENCY NAME		CONTACT PERSON	183	TELEPHONE NUMBER	
MS Department of Human Services, Division of		Jessica Davis		601-359-4764	
Community Services					
ADDRESS 750 North State Street		CITY		STATE	ZIP
EMAIL	CHONAIT	Jackson		MS	39202
Jessica.davis@mdhs.ms.gov	SUBMIT DATE 05/19/14	Name or number of rule(s): Part 16: FFY 2015 LIHEAP S	tate Plan	34°	
Short explanation of rule/amendment Income Home Energy Assistance Prog Services.  Specific legal authority authorizing the List all rules repealed, amended, or su	ram (LIHEAP) st	ate plan in preparation of submis of rule: Miss Code Annotated 43-	sion to the D		
ORAL PROCEEDING:					
x An oral proceeding is scheduled for Street, Room 113, Jackson, MS 39212  Presently, an oral proceeding is not scheduled, an oral pten (10) or more persons. The written request notice of proposed rule adoption and should in	ot scheduled on roceeding must be should be submitte	held if a written request for an oral proce d to the agency contact person at the abo	eding is submitt	ed by a political s	ubdivision, an agency or
agent or attorney, the name, address, email ad- comment period, written submissions including	dress, and telephor	e number of the party or parties you repr	esent. At any ti	ne within the two	enty-fivé (25) day public
ECONOMIC IMPACT STATEMENT:	, organicito, data, t	,		e submitted to ti	ie ming agency.
x Econòmic impact statement not re	quired for this r	ule. Concise summary of	economic im	pact statemer	it attached.
TEMPORARY RULES	PR	OPOSED ACTION ON RULES		FINAL ACTION ON RULES	
Original filing	Action p	roposed:	Action tak	Date Proposed Rule Filed: Action taken:	
Renewal of effectiveness	X_ N	ew rule(s)	Adopted with no changes in text		
To be in effect in days	A	mendment to existing rule(s)	Adopted with changes		
Effective date:	R	epeal of existing rule(s)	Adopted by reference		
Immediately upon filing	A	doption by reference	Withdrawn		
Other (specify):	Propose	d final effective date:	Rep	Repeal adopted as proposed	
5 8		O days after filing	Effective of	Effective date:	
	(	other (specify):	30	days after filing	
		#	Otl	ner (specify):	
Printed name and Title of person a	uthorized to f	le rules: Tina Ruffin, Director I	OCS	# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0.12
Signature of person authorized to	file rules: 🛫	tion Ruffind by you			**************************************
51 .51 45.5	DO.	NOT WRITE BELOW THIS LINE	900	1-	
OFFICIAL FILING STANAD	100				
OFFICIAL FILING STAMP		OFFICIAL FILING STAMP	مار	OFFICIAL FILIN	GSTAMP
	5	MAY 1 9 2014 MISSISSIPPI			
Accented for filing by		RETARY OF STATE			
ACCORTOR FOR THING BY	I Account	at con tiling late	I Assessand	And Siller or Land	

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.